RI SOS Filing Number: 201749533970 Date: 9/11/2017 4:00:00 PM

	Island and Provide					
Departmen	nt of State - Bi	usiness Serv	vices Division			
Annual Report for Limited Liability (2017			R.1. DEP BUS 9	
→ Filing period: Sep → Filing Fee: \$50.0	tember 1 - Noven 0				ECEIN S SVC S SVC	
→ Penalty: Additional	I \$25.00 fee if form	is not filed by D	ecember 1.		PR ST	
1. Entity ID Number	1 ^	_	ed Liability Company		3:2	
995232 3. NAICS Code			POPERTIES		<u> </u>	
531190	3 I		haracter of business conducte		•	
5. State of Formation	- 1 50	1 110146	TREAL SI	41 82/		
P.I						
8 GREENVIL		ā.	JHONSTON	State	Zip 02919.	
7. Mailing Address of Lim	nited Liability Compa	any and Name or				
Contact Name MANUFIL CIEDA			Contact Title OWNER	Contact Title OWNER		
Street Address P.O. Box			City PROVIPTEN	1 1 .		
8. List ALL managers (na Manager Name	ames and addresse	s) of the Limited L	Liability Company, IF APPLICA Manager Name	BLE - DO NOT LIS	T MEMBERS	
Street Address						
			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	Stale	Zip	City	State	Zip	
		- 		Check the box to	o indicate an attachment	
9. Resident Agent in Rhod	de Island, This inform	ation is currently of	record with the Department of Sta	ite. Changes require fi	ling Form 642.	
statements, and that all	statements contail	rm that i nave ex ned herein are ti	xamined this report, including rue and correct.	g any accompanyi	ing schedules and	
Name of Authorized Perso				Date	11111	
MANUE		<u> </u>		09	/11 / 17	
-Aloua					,	
	-/ ()					
MAIL TO:	<i>b</i> ,			FILED		
Division of Business Servi				1100 1	ຸ 1	
48 W. River Street, Provide Phone: (401) 222-3040	ence, Khode Island	02904-2615		FILED SF 11 2017 M 3 L	2701	
Vebsite: www.sos.ri.gov				~ M ~ M		

FORM 632 - Revised: 08/2016